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PATENT
450100-021023621
41IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Yoichiro Sako et al.

Serial No. : 09/406,486

For : INFORMATION DISTRIBUTNG METHOD AND
SYSTEM

Filed : September 27, 1999

Examiner : Backer, Firmin

Art Unit : 3621

RECEIVED

MAY 20 2004

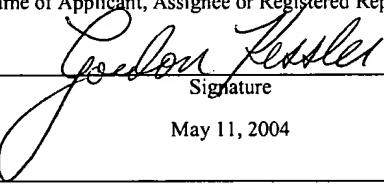
GROUP 3600

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: **Mail Stop Amendment Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450**, on May 11, 2004.

Gordon Kessler, Reg. No. 38,511

Name of Applicant, Assignee or Registered Representative


Signature

May 11, 2004

Date of Signature

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the outstanding Office Action dated February 20, 2004, please amend this application as follows.



PATENT
450100-02102

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) Yoichiro SAKO et al.

Serial No. 09/406,486

For INFORMATION DISTRIBUTING METHOD AND SYSTEM

Filed September 27, 1999

Examiner Backer, Firmin

Art Unit 3621

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MAY 20 2004

GROUP 3600

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir: Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below.

This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	26	Minus	= 26	0 ×	\$18(9)	= \$ 0.00
Independent claims	7	Minus	= 7	0 ×	\$84(42)	= \$ 0.00
Total additional fee for this amendment						\$ 0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

This application contains a multiple dependent claim. The required fee of \$280 (\$140) has been previously paid ___, or is paid herewith ___.

This response is being filed within the month following the expiration of the term originally set therefor.
This is a petition to request a ___ month extension of time. A check covering the cost of the petition is enclosed.

A check in the amount of \$0.00 is attached, which covers the cost of additional claims ___ petition
for extension of time.

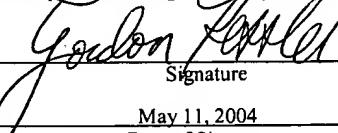
Charge \$__ to Deposit Account No. 50-0320.

Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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the United States Postal Service as first class mail in an envelope
addressed to: Mail Stop Amendment Commissioner for Patents, P.O.
Box 1450, Alexandria, VA 22313-1450, on May 11, 2004.

Gordon Kessler, Reg. No. 38,511

Name of Applicant, Assignee or Registered Representative

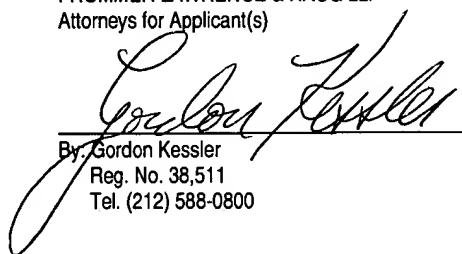


Signature

May 11, 2004

Date of Signature

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicant(s)



By Gordon Kessler
Reg. No. 38,511
Tel. (212) 588-0800